Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2965SNF	A. BUILDING _____ B. WING _____	C 10/16/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT CARE CENTER OF RENO	555 HAMMILL LANE RENO, NV 89511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments Surveyor: 22046 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/15/09 and finalized on 10/16/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00022840 was unsubstantiated with an unrelated deficiency cited. (See Tag Z 230) Complaint #NV00023360 was substantiated with deficiencies cited. (See Tag Z 112) Complaint #NV00023188 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000		
Z112 SS=F	NAC 449.74439 Comprehensive Plan of Care 3. A comprehensive plan of care must be: a) Developed within 7 days after the completion of the initial comprehensive assessment required by NAC 449.74433 and periodically reviewed and	Z112		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z112	Continued From page 1 revised after each subsequent assessment; and b) Prepared by an interdisciplinary team that includes the patient's attending physician, a registered nurse who is responsible for the care of the patient and such other members of the staff of the facility as are appropriate to provide services in accordance with the needs of the patient. To the extent practicable, the patient, his legal representative and members of his family must be allowed to participate in the development of the plan of care. This Regulation is not met as evidenced by: Surveyor: 22046 Based on record review and staff interviews, the facility failed to show evidence of attempts to include the patient and/or legal representative in the development of the plan of care for 3 of 4 residents. (Residents #5, #6, and #7) Severity: 2 Scope: 3	Z112		
Z230 SS=D	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Surveyor: 22046 Based on review of records, guidelines, policy and procedures, and staff interview, the facility failed to obtain informed consent from the power of attorney for 1 of 4 residents. (Resident #4)	Z230		

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Z230	Continued From page 2 1. Informed consent was not obtained for the administration of Haldol, an antipsychotic medication, and Ativan, an antianxiety medication. 2. Informed consent was not obtained for the use of a non self releasing seat belt. Severity: 2 Scope: 1	Z230		